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	ARTHROCARE CORPORATION				Atty. Docket	No.			<u> </u>		
	595 N. Pastoria Avenue Sunnyvale, CA 94086				"Express Mail" Label No. EF414906175US						
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-	PATENT APPLICATION ASSISTANT COMMISSIONER FOR PATENTS				I hereby certify that this is being deposited with the United States Postal Service "Express Mail Post Office						
withington, D. C. 20231				to Addressee" service under 37 CFR 1.10 on the date							
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	Sii.										
	Transmitted herewith for filing is the [] patent application, [] design patent application, [X] continuation-in-part patent application of										
	Inventor(s): JAMES L.	JAMES L. PACEK, HIRA V. THAPLIYAL, PHILIP E. EGGERS									
	FOR SYSTEMS AND METHODS FOR ELECTROSURGICAL DISSECTION AND HARVESTING OF TISSUE										
	[X] This application claims priority from each of the following Application Nos./filing dates:										
	60/182,751 / February 16, 2000; 09/162,117 / September 28, 1998; 08/977,845 / November 25, 1997; 08/562,332 / November 22, 1995; 09/041,934 / March 13, 1998; 08/990,374 / December 15, 1997;										
	08/485,219 / June 7,	<u>1995</u> ; <u>08/059,681</u>	/ May 10, 1993			-					
	Enclosed are:										
	[X] 39 sheet(s) of [] formal [X] informal drawing(s).										
	[X] An assignment of the invention to ArthroCare Corporation [X] A [X] signed [] unsigned Declaration & Power of Attorney.										
-	[] A [] signed [] unsigned [] A Power of Attorney	gned Declaration. by Assignee.									
	Applicant claims the benefit of Small Entity Status. [] = Information Disclosure Statement under 37 CFR 1.97.										
	[X] The filing fee has be										
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	BASIC FEE		W 5.1	1	Y/O	\$355	OR	W10	\$710	1	
	TOTAL CLAIMS INDEP CLAIMS	71 -20=	*51		X9=	\$459	OR	X18=	\$	-	
		6 -3=	* 3		x40=	\$120	OR	X80=	\$	-	
	[] MULTIPLE DEPEN	DENT CLAIM PR	ESENTED		+130=	\$	OR	+260=	\$	-	
	* If the difference in Col.	1 is less than zero, e	enter "0" in Col. 2		TOTAL	\$934	OR	TOTAL	\$	J	
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Please charge Deposit Account No. 50-0359 as follows: [X] Filing fee \$934.00											
[X] Any additional fees associated with this paper or during the pendency of this application											
	[] The issue fe	[] The issue fee set in 37 CFR 1.18 at or before mailing of the Notice of Allowance, pursuant to 37 CFR 1.311(b). [] A check for \$ is enclosed. Respectfully submitted,									
					ARTHROCARE CORPORATION						
					Mr T. May Me						
	Telephone: Facsimi (408) 736-0224 (408) 7	ile: 36-0226			. Raffle / o.: 38,585						
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